

حداکثر دوز مرفین تزریقی در درد متوسط تا شدید، درد بعد از جراحی و درد مزمن: ۱۰ میلی گرم در ۲۴ ساعت

a) The recommended dose of preservative-free morphine sulfate is 5 milligrams (mg) epidurally in the lumbar region, additional incremental doses of 1 to 2 mg at appropriate intervals may be necessary. The maximum dose is 10 mg per 24 hours (Prod Info DURAMORPH(TM) IV, epidural or intrathecal injection, 2005).

a) In opioid-naive patients, the recommended dose of continuous epidural microinfusion of high-potency morphine solution (10 and 25 milligrams/mL (mg/mL)) is 3.5 to 7.5 mg/day. In opioid-tolerant patients the recommended dose of continuous epidural microinfusion of high-potency morphine solution (10 and 25 mg/mL) is 4.5 to 10 mg/day (Prod Info INFUMORPH(TM) 200, INFUMORPH(TM) 500 epidural, intrathecal solution, 2004).

حداکثر دوز مرفین خوراکی: ۱۶۰۰ میلی گرم در شبانه روز

a) The initial total daily morphine requirement of Avinza(R) should be administered no more than once every 24 hours. For opioid-naive patients, a starting dose of 30 milligrams (mg) every 24 hours, with dosage adjustments of not greater than 30 mg every 4 days, is recommended. Only opioid-tolerant patients should use 45, 60, 75, 90, and 120 mg capsules. A maximum daily dose of 1600 milligrams (mg) should not be exceeded; doses over 1600 mg contain a quantity of fumaric acid that may result in serious renal toxicity. When converting from parenteral morphine to Avinza(R), the manufacturer recommends a starting dose of approximately 3 times the previous daily parenteral morphine requirement. When converting from other parenteral or oral non-morphine opioids to Avinza(R), the manufacturer recommends a starting dose of half of the estimated daily morphine requirement with supplementation with immediate-release morphine or other short-acting analgesics to manage insufficient pain relief (Prod Info AVINZA(R) extended-release oral capsules, 2008).

ماکزیموم دوز زیر جلدی: ۱۵ میلی گرم در شبانه روز

- 1) In infants and children, the recommended dose of morphine is 0.1 to 0.2 milligrams(mg)/kilogram subcutaneously as necessary. The maximum dose is 15 mg/dose (Prod Info morphine sulfate subcutaneous, IM, IV injection, 2003).
- 2) a) Usual pediatric dose is 0.1 to 0.2 milligram/kilogram (mg/kg) subcutaneously as necessary to a maximum recommended single dose of 15 milligrams . Morphine should be used with caution in infants and small children since they may be more sensitive to opioids on a body-weight basis (Prod Info morphine sulfate subcutaneous, IM, IV injection, 2003).
- 3) b) It has been recommended that doses of 0.1 to 0.2 milligram/kilogram (mg/kg) intramuscularly, intravenously, or subcutaneously every 2 to 4 hours be given (maximum, 15 milligram/dose)(Benitz & Tatro, 1981).

- 
- 7.2.1 ADULT
    - A) ORAL ADMINISTRATION

- 1) IMMEDIATE RELEASE: Tablets: Initial dose of 15 to 30 mg every 4 hours as needed for pain. Solution: Initial dose of 10 to 20 mg every 4 hours as needed for pain(Prod Info morphine sulfate intravenous solution, USP, 2003).
- 2) MODIFIED RELEASE: These formulations are NOT recommended for use in opioid naive patients or for the initial treatment of pain as dose adjustment is difficult and inadvertent overdose may occur. For conversion from immediate release to controlled or extended release formulations, the patient's total daily morphine requirement is determined. Then the patient may either receive half of the total daily morphine requirement, administered as modified release morphine every 12 hours; or the patient may receive one third of the total daily morphine requirement, administered as modified release morphine every 8 hours (Prod Info MS CONTIN(R) controlled-release oral tablets, 2006; Prod Info morphine sulfate extended-release oral tablets, 2009). The manufacturer of one sustained release formulation recommends that once the patient's total daily morphine requirement is determined, the patient should receive half of the total daily morphine requirement, administered as sustained release morphine every 12 hours (Prod Info ORAMORPH(R) SR sustained-release oral tablets, 2006)
- B) INTRAVENOUS ADMINISTRATION
  - 1) Usual adult dose is 10 mg every 4 hours, with a usual single dose range of 5 to 15 mg depending on the severity of pain and the patient's response and tolerance. The usual daily dose range is 12 to 120 mg (Prod Info morphine sulfate intravenous solution, USP, 2003).
  - 2) For severe chronic pain, morphine may be administered as a continuous infusion at a rate of 0.8 mg/hr to 80 mg/hr (Prod Info morphine sulfate intravenous solution, USP, 2003).
- C) RECTAL ADMINISTRATION
  - 1) Usual dose is 10 to 20 mg every 4 hours as needed for pain (Prod Info Morphine Sulfate Rectal Suppositories, 2001)
- D) EPIDURAL ADMINISTRATION
  - 1) The usual adult dose is 10 to 20 mg epidurally, depending on the type of surgery being performed (Prod Info DepoDur(R) extended-release epidural injection, 2008).

<b>Methadone</b> Dolophine ®	<p>Severe pain: 2.5 to 10mg IM/SC/orally every 3 to 4 hours as needed. Detox: 15-40mg orally once daily to start.</p> <p>Important Note: Methadone accumulates with repeated doses and dosage may need to be adjusted downward after 3-5 days to prevent toxic effects. Some patients may benefit from q8-12h dosing intervals.</p> <p><b>Analgesia:</b> Oral, IM, SC: 2.5 - 10 mg q3-8h prn up to 5-20mg q6-8h. <b>Detoxification:</b> Oral: 15-40mg qd. Should not exceed 21 days and may not be repeated earlier than 4 weeks after completion. <b>Maintenance</b> of opiate dependence: 20-120mg qd.</p>
------------------------------	--

[**Supplied**: Injection: 10 mg/ml (20 ml).  
Oral solution: 5 mg/ml (5, 500ml); 10 mg/5 ml (500ml).  
Solution - oral concentrate: 10 mg/ml (30ml).  
Tablet: 5, 10 mg. Tablet-dispersable: 40mg disket ]

**Morphine** sulfate:

(Regular release): 10-30mg orally every 4 hours.  
(MS Contin): 15-60mg orally every 8 to 12 hours.  
(Oral soln-Roxanol): 10-30 mg orally every 4 hours. (Injection): usual range: 2-15 mg IM/SC/IV every 4 hours as needed.

**Oral (Regular release)**: 5-30mg q4h prn.

**Controlled release MS Contin®**: 15-60mg orally every 8 to 12 hours.

**Sustained release (Kadian®)**: See below.

**Extended release (Avinza®)**: 30 - 120mg qd. The daily dose must be limited to a maximum of 1600 mg/day. Doses over 1600 mg/day contain a quantity of fumaric acid that has not been demonstrated to be safe, and which may result in serious renal toxicity. Patients receiving other oral morphine formulations may be converted to Avinza® by administering the patient's total daily oral morphine dose as Avinza® once-daily. Should not be given more frequently than every 24 hours.

**Rectal**: 10-30 mg PR q4h prn.

**IM, IV, SC**: 2.5 to 20 mg q2-6h prn. Usual: 10mg q4h prn.

**IV/SC continuous infusion**: 0.8 - 10 mg/hr. Titrate to response. Usual range: up to 80mg/hr.

**Epidural**: Start 5 mg in lumbar region. If inadequate relief c/in 1 hr, give 1-2 mg. Max: 10 mg/24 hours.

**Intrathecal** (1/10th epidural dose): 0.2 - 1 mg. Repeat doses are not recommended.

[**Supplied**:

**Capsule** - immediate release (**MSIR®**): 15, 30mg.

**Capsule** - extended release (**Avinza®**): 30, 60, 90, 120mg.

**Capsule** - sustained release (**Kadian®**): 20,30, 50, 60, 100mg.

**Infusion** (premixed in D5W): 0.2 mg/ml (250, 500ml); 1 mg/ml (100, 250, 500ml)

**Injection**: 0.5 mg/ml (10 ml); 1 mg/ml (10, 30, 50 ml); 2 mg/ml (1 ml); 4 mg/ml (1 ml); 5 mg/ml (1, 30, 50 ml); 8 mg/ml (1 ml); 10 mg/ml (1, 2, 10 ml); 15 mg/ml (1, 20 ml); 25 mg/ml (4, 10, 20, 40, 50ml); 50 mg/ml (10, 20, 40, 50ml).

**Preservative free (Inj) Astramorph®**: 0.5 mg/ml (2, 10ml); 1 mg/ml (2, 10 ml). **Infumorph®**: 10 mg/ml (20 ml); 25 mg/ml (20ml). **Duramorph®**: 0.5 and 1 mg/ml (10 ml)

Oral solution: 10 mg/5ml (5, 100, 500 ml); 20 mg/ml(30, 120, 240ml); 20mg/5ml(30, 120 ml). **Roxanol®**: 20 mg/ml(30, 120

	<p>ml). Roxanol 100®: 100mg/5ml (240 ml).  <b>Suppository:</b> 5, 10, 20, 30mg.  <b>Tablet (MSIR®):</b> 15, 30mg.  <b>Tablet - Controlled release (MS Contin®):</b> 15, 30, 60, 100, 200mg.  <b>(Oramorph®):</b> 15, 30, 60, 100mg. ]</p> <p><b>Kadian® Conversion from Other Oral Morphine Formulations to Kadian®</b> Patients on other oral morphine formulations may be converted to Kadian® by administering one-half of the patient's total daily oral morphine dose as Kadian® capsules every 12 hours (twice-a-day) or by administering the total daily oral morphine dose as Kadian® capsules every 24 hours (once-a-day). Kadian® should not be given more frequently than every 12 hours.  [Supplied: capsule: 20, 30, 50, 60, 100mg]</p>
--	--

<p><b>Suboxone</b> ®  (Buprenorphine and naloxone)</p>	<p>Treatment of opioid dependence. Not recommended for use during the induction period. Initial treatment should begin using buprenorphine oral tablets. Patients should be switched to the combination product for maintenance and unsupervised therapy. <u>Maintenance:</u> Target dose (based on buprenorphine content): 16 mg/day - range: 4-24 mg/day.</p> <p><b>Supplied:</b> sublingual tablet: Buprenorphine 2 mg and naloxone 0.5 mg; buprenorphine 8 mg and naloxone 2 mg.</p>
--	--